PATENT APPLICATION SERIAL NO.	
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## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

.0/10/2003 SZEUDIE1 00000039 502117 10679856

)1 FC:1001 . 770.00 DA

01/30/2004 SZEWDIE1 00000154 502117 10679856

01 FC:1201 02 FC:1202

172.00 DA 900.00 DA

PTO-1556 (5/87)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10679856

CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)	SMALL ENTITY TYPE C		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			70				[	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	70 min	us 20=	* 50			X\$ 9=		OR	X\$18=	900
IND	EPENDENT CL	AIMS	5 minus 3 = * 2					X43=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "				"0" in c	olumn 2	L	TOTAL		OR	TOTAL	1842	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)		SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		. ′	ADDII. FEE							
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 01 4114	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												